

Case Number:	CM13-0069815		
Date Assigned:	01/03/2014	Date of Injury:	02/05/2012
Decision Date:	04/25/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old female who reported an injury on 02/05/2012 after she was kicked in the abdominal and groin area. The patient reportedly sustained an injury to her right hip. The patient's most recent evaluation of the right hip documented that she had a severely antalgic gait with the use of a cane, and range of motion described as 90 degrees in flexion, 0 degrees in extension, 30 degrees in abduction, and 30 degrees in adduction, with significant pain complaints with range of motion. The patient's treatment recommendations included right hip arthroscopy, chondroplasty, and arthroscopic iliopsoas release. Request was made for a postoperative deep vein thrombosis device for rental due to the length of anesthesia the patient will be under.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DEEP VENOUS THROMBOSIS (DVT) DEVICE RENTAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Venous Thrombosis.

Decision rationale: The requested DME- deep venous thrombosis device rental is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not specifically address this type of equipment. Official Disability Guidelines recommend the use of compression machines for patients who are at significant risk of developing deep vein thrombosis as a result of an inability to ambulate and a period of immobilization following surgical intervention. The clinical documentation submitted for review does indicate that the patient is to undergo arthroscopic surgery of the right hip. However, the clinical documentation does not clearly address the patient's risk factors for developing deep vein thrombosis. There is no documentation that the patient will have an extended period of immobilization that would require mechanical intervention to prevent the development of venous thrombosis. Therefore, the need for a deep vein thrombosis device is not clearly identified within the submitted documentation. Additionally, the request as it is written does not specifically identify a duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested DME- deep venous thrombosis device rental is not medically necessary or appropriate.